

# Oregon Masters Swimming Scholarship Application

In order to assist the scholarship review panel in evaluating an applicant for OMS scholarship funds, the following information is needed for each area for which you are requesting assistance.

Please submit to the OMS Membership Coordinator:  
[swim.cat1225@gmail.com](mailto:swim.cat1225@gmail.com)  
or Christina Fox, 30587 Stout Lane, Corvallis, OR 97333

	Amount REQUESTED
1) Event Entry Fee (List the name of pool, postal, and/or open water events): <b>Submit the Event Registration Form with each request.</b>	\$ _____
2) OMS/USMS registration: <b>Submit the OMS/USMS Registration Form with request.</b>	\$ _____
3) Other:	\$ _____
Total Request	\$ _____

## Applicant

Name \_\_\_\_\_  
Signature \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_  
E-Mail \_\_\_\_\_  
USMS # \_\_\_\_\_  
Date applied \_\_\_\_\_

Decision: \_\_\_\_\_

Decision Date: \_\_\_\_\_

Date Applicant Notified: \_\_\_\_\_